

Foodborne Illness Complaint

Environmental Investigation Summary Report

Fax or Mail to: Massachusetts Dept. of Public Health
305 South Street
Jamaica Plain, MA 02130
Attn: Foodborne Illness Response Coord.
Tel: 617-983-6712 Fax: 617-983-6770

Establishment		Type of Operations <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchens <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast
Address	City/Town	
Date Complaint Received		
Date(s) Investigated		
Implicated Food(s)		
Implicated Pathogen:		Number of Persons ill:
Were any food employees ill in the two weeks prior to the suspect event?		YES NO
Did any food employee become ill* after the suspect event?		YES NO
Were any food employees tested?		YES NO
Food Samples Collected From: <input type="checkbox"/> Consumer <input type="checkbox"/> Food Establishment <input type="checkbox"/> Wholesale Manufacturer/Distributor		

* diarrhea, vomiting, fever, sore throat with fever, infected cuts or lesions, jaundice

A. Recent Compliance History

1) Date of Most Recent Inspection Prior to Complaint:

Attach copy of most recent inspection report issued prior to complaint.

B. Risk Assessment of Suspect Food (Required)

Attach your HACCP based risk assessment of the suspect food(s) or process(es). Include food source, volume prepared, preparation steps (who, how, where, when), monitoring procedures used, identification of critical control points and any corrective actions that were taken if necessary to correct inadequate monitoring procedures.

If you need assistance with your risk assessment, please call the MDPH Food Protection Program at 617-983-6712.

C. Level of Regulatory Compliance Noted During On-site Investigation(s)

Attach copy of inspection report form, if issued.

IN (In Compliance) OUT (Out of Compliance) NA (Not Applicable) NO (Not Observed)

Management and Personnel

1. PIC assignment, knowledge, duties and responsibilities	IN	OUT		
2. Food employees aware of employee health reporting requirements	IN	OUT		
3. Handwashing frequency and procedures adequate	IN	OUT		
4. Handwashing sinks accessible and supplied with water, soap and towels	IN	OUT		
5. No bare-hand contact with ready-to-eat foods	IN	OUT	NA	NO
6. If gloves used, procedures are adequate	IN	OUT	NA	NO

C. Level of Compliance Noted During On-site Investigation(s) (Continued)**Other Risk Factors and Major Interventions**

1. Food and water from approved sources	IN	OUT		
2. Cooking PHFs	IN	OUT	NA	NO
3. Reheating of PHFs	IN	OUT	NA	NO
4. Cooling of PHFs	IN	OUT	NA	NO
5. Hot and cold holding of PHFs	IN	OUT	NA	NO
6. Calibrated food thermometer available	IN	OUT		
7. Prevention of cross-contamination of RTE foods with raw ingredients	IN	OUT	NA	NO
8. Protection of food/ food contact surfaces	IN	OUT		
9. Cleaning and sanitization of food contact surfaces	IN	OUT		
10. Storage and use of toxic chemicals	IN	OUT		
11. Mandatory HACCP and risk control plans	IN	OUT	NA	NO
12. Highly susceptible populations (HSP) requirements	IN	OUT	NA	NO
13. Consumer advisory requirements	IN	OUT	NA	NO

D. Corrective and Enforcement Actions

Please check the type(s) of corrective or enforcement actions that were taken in response to this complaint.

- ☐ Order for Correction Issued to correct violations relating to:
- ☐ Risk factors and major interventions ☐ Good retail practices
- ☐ Food Employee / Food Handling Procedures & Policies Modified
- ☐ Embargo
- ☐ Voluntary Disposal
- ☐ Food Employee Restriction/Exclusion
- ☐ Emergency Suspension or Closure
- ☐ Food Employee/ PIC Training
- ☐ Press Release/ News Alert
- ☐ Equipment /Physical & Sanitary Facilities Modified /Upgraded
- ☐ None
- ☐ Other: (Describe Below)

Completed By: _____ Title: _____

Agency: _____ Date: _____

REMINDER: Please submit the following documents along with this form to the MA Department of Public Health

- A. Copy of Most Recent Inspection Report Issued Prior to Complaint
- B. HACCP Risk Assessment and Related Environmental Data
- C. Inspection Report Form(s) and Related Enforcement Documents

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 305 South Street
 Jamaica Plain, MA 02130
 Attention: Foodborne Illness Response Coordinator

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